Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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The American Husband

MORE than 9 out of every 10 young men in this country will eventually marry and take on family responsibilities. Yet little has been said of the American husband in recent discussions of the family. There are now about 35½ million married men in the United States—more than ever before in the nation's history. The typical husband maintains a household for his family, although as a result of the critical housing shortage brought on by the war and the record number of new marriages about 2½ million married couples are living with relatives or in other temporary quarters, such as transient hotels and lodging houses. Those who have not yet established their own households are for the most part young couples who have married since the beginning of the war. Data on some family characteristics of the 34 1/3 million husbands who were living with their wives in 1948 are shown in the table on the next page.

American husbands are relatively young; nearly one third of them are under 35 years of age. At the other extreme, about one quarter are past 55. Since marriage at the older ages is relatively infrequent, the majority of the older husbands have been married for a long time. Almost 90 percent of those aged 55 and over have been married for 15 years or more.

The typical American family is stable. Currently, all but three percent of married men live with their wives. And even the very small proportion living apart includes men who are employed away from home or are temporarily absent for reasons other than marital discord. Moreover, only six percent of the husbands under 35 have been previously married. The proportion increases, however, with advance in age, so that for all ages combined 13 percent have been married more than once. Although these figures reflect our high divorce rates, it should be noted that many of the older men were widowed, rather than divorced, before their remarriage. Furthermore, many second marriages are successful; more than one fifth of the remarried husbands are married at least 20 years.

The figures in the accompanying table show that fully one half of American husbands provide for one or more dependent children as well

as for their wives. The responsibilities of family life reach their maximum for husbands at ages 35 to 54 years, when one fifth of them have three or more dependent children, a like proportion have two, and nearly one quarter have one young child in their care. But even at the older ages, when five out of every six families have completed the task of bringing up their children, American husbands still provide

FAMILY CHARACTERISTICS OF HUSBANDS, UNITED STATES, APRIL 1948

(TOTAL MARRIED COUPLES LIVING TOGETHER = 34,289,000)

DURATION OF MARRIAGE; NUMBER OF CHILDREN	AGE OF HUSBAND			
	All Ages	Under 35 Years	35–54 Years	55 Years and Over
	PERCENT DISTRIBUTION BY DURATION OF MARRIAGE			
TOTAL	100.0	100.0	100.0	100.0
Under 2 years	7.9	20.6	2.4	1.5
2– 4 years	12.5	29.5	6.1	2.3
5– 9 years	18.0	36.9	12.9	3.2
10–14 years	13.9	12.2	20.6†	3.7†
15 years or over	47.7	.8	58.0†	89.3†
	PERCENT DISTRIBUTION BY NUMBER OF OWN CHILDREN UNDER 18 YEARS OF AGE			
TOTAL	100.0	100.0	100.0	100.0
No children	45.2	29.2	35.1	84.1
One child	23.4	34.3	23.3	9.4
Two children	16.9	22.3	20.6	3.3
Three children or more	14.5	14.2	21.0	3.2
Children per 100 husbands	114	130	149	28
	PERCENT IN LABOR FORCE,* BY DURATION OF MARRIAGE			
TOTAL	92.5	96.9	97.9	76.8
Under 1 year	93.2	93.1	98.9	77.0
1 year	94.5	94.7	97.3	83.1
2–4 years	95.8	95.9	98.3	82.6
5–9 years	97.5	98.7	97.9	78.3
10 years or over	90.2	99.0	97.9	76.6

*Includes men in the armed forces stationed in the United States.

†Estimated in the Statistical Bureau, Metropolitan Life Insurance Company.

NOTE—The basic statistics were derived from a sample survey of the population by the Bureau of the Census.

for 2 1/3 million dependents under 18 years of age.

To meet their family responsibilities, a very large proportion of American husbands take an active part in our productive life. Thus, 98 percent of the men at ages 35 to 54 are in the labor force (including the armed services). Of those 55 and over, three fourths are in the labor force, even though at this period of life many men are in retirement or have withdrawn from active affairs because of poor health. In most families the husband is the only provider. Although the proportion of wives at work is greater now than ever before, less than one fourth of the wives work outside the home, and these are primarily the younger ones who have been married only a short time and who have no preschool children.

All in all, American men still look with great favor on traditional family life. They make a home, raise a family, provide for current needs, and save for their old age and for contingencies, such as prolonged sickness and premature death.

Record-Breaking Low Mortality in 1949

MORTALITY in the first six months of 1949 dropped to an all-time low among the many millions of Industrial policyholders of the Metropolitan Life Insurance Company. Each month except June recorded a lower death rate this year than last. For the current six-month period, the death rate was 6.7 per 1,000 policyholders, or 3.3 percent below that for the like part of last year. Provisional data for the general population of the United States indicate a similar experience for the country as a whole.

Among the insured lives a decline in mortality is in evidence at every age period among white females and at every age but one (10 to 14 years) among white males. As may be seen in the table on page 4, the improvement was greatest among white boys at ages 5 to 9 and among white girls of 5 to 14 years. Although the amount of improvement decreased with advance in age, it was more than 4 percent for both sexes at ages 65 to 74. Mortality in 1949 was also lower than in 1947 at virtually every age period. The decline in mortality over the two years amounted to as much as 20 percent for white males under 10 and for white females in the age range 10 to 34 years.

Increasing control over the acute conditions has become a familiar feature of the mortality report for recent years, and the record for the first six months of 1949 continues the pattern. No less than nine diseases registered new low death rates for the period. The list includes whooping cough, diphtheria, influenza, pneumonia, tuberculosis, syphilis, appendicitis, diarrhea and enteritis, and diseases of the puerperal state. For a number of these diseases the mortality has reached

an exceptionally low level, as the table on page 11 shows.

Diphtheria and whooping cough recorded new minimal death rates of .2 and .3 per 100,000 respectively in the first six months of 1949, while the scarlet fever rate remained unchanged at its previous low of .1 per 100,000. Measles registered a death rate of .7 per 100,000, the same as a year ago, but slightly higher than in 1945 and 1947. So far in 1949, the incidence of measles in the general population has exceeded that of last year, which was a "measles year." However, for the four communicable diseases of childhood as a group the death rate for the past six months was 1.3 per 100,000, or 13 percent below that for the like part of 1948 and less than one half that of five years ago.

On the other hand, the death rates from epidemic meningitis and acute poliomyelitis are somewhat higher than a year ago. Since April 1948, for each month but one, the number of cases of acute poliomyelitis reported in the general population of the United States was higher than for the corresponding month of the preceding year. Currently the cases are concentrated in the southwestern part of the country. In June, more than one half of all the cases reported occurred in Texas, Oklahoma, and California. Among the Metropolitan Industrial policyholders the death rate from acute poliomyelitis for the first six months of 1949 was .2 per 100,000; in 1948 it was .1, and two years ago .3.

The low incidence of the respiratory conditions has been an appre-

DEATH RATES PER 100,000 FROM ALL CAUSES. WHITE PERSONS, BY SEX AND AGE PERIODS. METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL PREMIUM-PAYING BUSINESS—*Weekly and Monthly Combined.*
FIRST SIX MONTHS OF 1949, 1948, AND 1947 COMPARED

AGE PERIOD YEARS	DEATH RATES PER 100,000						PERCENT CHANGE: 1949 SINCE YEAR INDICATED			
	White Males			White Females			White Males		White Females	
	1949	1948	1947	1949	1948	1947	1948	1947	1948	1947
UNDER 75	690.5	713.4	697.2	529.1	549.5	556.1	− 3.2	− 1.0	− 3.7	− 4.9
Under 5	260.0	275.7	335.0	213.5	224.9	262.3	− 5.7	−22.4	− 5.1	−18.6
5 to 9	60.9	67.4	78.6	43.5	48.8	47.7	− 9.6	−22.5	−10.9	− 8.8
10 to 14	55.8	54.3	58.2	31.6	36.8	39.8	+ 2.8	− 4.1	−14.1	−20.6
15 to 19	94.5	102.5	109.1	50.6	54.7	64.0	− 7.8	−13.4	− 7.5	−20.9
20 to 24	134.5	139.1	144.8	69.3	76.4	98.5	− 3.3	− 7.1	− 9.3	−29.6
25 to 34	159.2	172.4	188.2	113.0	119.6	140.0	− 7.7	−15.4	− 5.5	−19.3
35 to 44	457.8	488.1	470.6	257.0	271.4	294.0	− 6.2	− 2.7	− 5.3	−12.6
45 to 54	1,167.7	1,232.8	1,209.2	606.8	645.0	671.1	− 5.3	− 3.4	− 5.9	− 9.6
55 to 64	2,664.0	2,810.5	2,766.4	1,509.1	1,579.1	1,581.5	− 5.2	− 3.7	− 4.4	− 4.6
65 to 74	5,860.0	6,148.1	5,852.9	4,065.1	4,244.7	4,174.9	− 4.7	+ .1	− 4.2	− 2.6

ciable factor in the favorable health record this year. Influenza and pneumonia have each recorded death rates approximately one sixth lower than their previous minima reported at this time last year. The mortality from tuberculosis likewise is continuing its downward trend. The decline for the first six months amounted to about 10 percent from the level of a year ago.

The hazards of childbearing continue to decline. The mortality from the diseases of the puerperal state reached a new low in the first half of 1949, despite the continued high level of the birth rate. In the past five years, when the number of births rose to an all-time high, the mortality from puerperal causes was one third less than in the comparable months of the preceding five years.

The chronic degenerative diseases also have made a comparatively favorable record so far in 1949. The crude death rate from the cardiovascular-renal diseases, which account for approximately one half of all deaths from disease, was down somewhat. The rate, moreover, was lower than the average for the preceding five years. Although the crude death rate from diabetes is higher so far in 1949 than in 1947 or 1948, it is still below the average for the five years 1942 to 1946. Cancer alone among the diseases of middle and later life has continued to show a higher crude death rate for a number of years. Part of the increase is explained by the aging of the policyholder group.

Among the external causes of death, homicide and accidents (all forms), have registered lower mortality this year than last. For occupational accidents, the death rate has declined 19 percent and for "other accidents" 10 percent. There have been only small declines for home and for motor vehicle accidents. Suicide has registered a slightly higher rate than in either of the past two years.

The Statistical Bureau of the Metropolitan Life Insurance Company keeps a current record of catastrophes—accidents in which five or more persons are killed. The facts for the first six months, compiled from a variety of sources, are here briefly summarized.

Catastrophic accidents took about 600 lives in the general population of the United States in the first half of 1949, a slightly lower toll than in the comparable period of 1948. Fewer lives were lost this year than last in civilian aviation, water transportation, floods, explosions, railroad and coal mine accidents. Not a single disaster occurred in domestic scheduled air transport service, whereas in the first half of last year there were three such catastrophes taking a total of 60 lives.

On the unfavorable side, catastrophes in which fires, motor vehicles, tornadoes, blizzards, and earthquakes were involved claimed more victims this year than last. The worst disaster in the first half of

1949 was the fire which broke out near midnight of April 4th in a hospital at Effingham, Ill.; this holocaust alone killed 75 persons, considerably more than any single accident in all of 1948. Chain-like tornadoes in January caused 59 deaths in Arkansas and Louisiana, 54 of which occurred in one community—Warren, Ark. A blizzard in the Mountain States took about 25 lives.

Recent Trends in Peptic Ulcer

ULCERS of the stomach and the duodenum constitute a serious medical and surgical problem. These conditions or a history of them was reported for one out of every 250 young men examined for military service in the peace-time draft. On the basis of the findings of the National Health Survey (1935-1936), there would now be about 400,000 persons with peptic ulcer in the United States, but autopsy studies indicate that the actual number of cases is much larger.

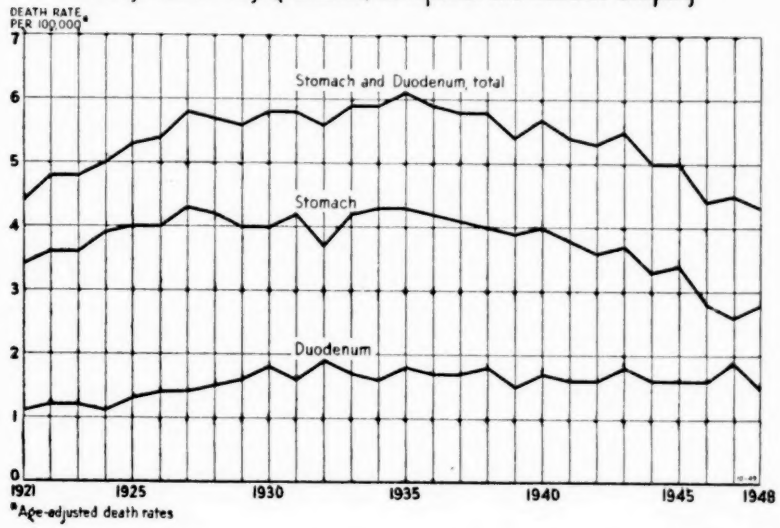
The death rate from ulcers of the stomach and the duodenum as a group has declined in recent years. Among the Industrial policyholders of the Metropolitan Life Insurance Company, the age-adjusted death rate in 1948 was nearly 30 percent below the peak rate recorded in 1935. As the chart on page 7 shows, that peak was the culmination of a long-term upward trend.

The mortality trends for stomach and for duodenal ulcer, when considered separately, show marked differences. The death rate from stomach ulcer has been declining since 1935, and in recent years has been at the lowest level ever recorded in this insurance experience. In contrast, the mortality from duodenal ulcer has shown no distinct movement either upward or downward for many years.

Significant variations in the trends are also apparent according to sex and age, as may be seen from the table on page 8 which relates to white policyholders. Among males, the chief victims of these conditions, the death rate from stomach ulcer in 1944-1948 was nearly one fourth less than that a decade earlier. The decline extended to all age groups under 65 years, and was greatest at the younger ages. Compared with 1921-1925, the recent figures show decreases in the death rate from stomach ulcers among white men at ages under 45; the higher ages show increases. Among white women, on the other hand, the mortality from this cause has dropped at every age group throughout the period under review.

The trends for duodenal ulcer present a less favorable picture, both in the past decade and over the longer period. Among white males, the improvement in mortality has been virtually limited to the ages under 45. While the increase at the older ages in recent years has been moderate, current rates after age 55 are about three times the figures

MORTALITY FROM ULCERS OF STOMACH AND DUODENUM, 1921-1948
TOTAL PERSONS, AGES 1-74 YEARS
Weekly Premium-Paying Business, Metropolitan Life Insurance Company



for 1921-1925. Among females, only the oldest age group shows a marked increase, but the variations in the rates for females have less significance because of the low level of their mortality.

As a result of the differences in the trends, the sex ratio of the death rates from stomach and from duodenal ulcer has greatly changed in the period under survey. For each of these conditions, the rate among males is now about seven times that for females, whereas in 1921-1925 the ratio for ulcer of the stomach was less than three to one, and for duodenal ulcer about four to one. There has also been a radical decline in the ratio of gastric to duodenal ulcer mortality.

There are several factors which may account for these wide differences in trends between stomach and duodenal ulcer, and between persons of different ages, although it is impossible to measure these factors statistically. In the period under review, diagnosis has been improved greatly by the development and wider use of X-ray techniques and of the gastroscope. Part of the reduction in mortality from gastric ulcer can be ascribed to the better differentiation between this condition and other gastric disorders, particularly cancer of the stomach. Fewer cases of the latter are now incorrectly ascribed to gastric ulcer. The improved diagnostic techniques have likewise brought greater accuracy in the determination of the site of ulcers, and this has tended to

increase the reported frequency of duodenal ulcer as compared with stomach ulcer.

The trends of mortality for these conditions have also been influenced by the newer developments in medical and surgical treatment. The past decade or more has seen a rapid increase in the use of the more radical surgical procedures. These have been found to be more effective than the older procedures in cases where surgical intervention was indicated. The mortality attending radical operations has dropped to a remarkably low point as the number of surgeons trained in the procedure has increased, as the specialty of anesthesia has progressed and as other advances in medicine have reduced the frequency of fatal postoperative complications.

Inasmuch as relatively few of the patients undergo surgery, of even greater importance have been the changes in the medical treatment of the disease. Management of patients with hemorrhage has improved. With greater appreciation of the chronic nature of this condition, the treatment is now planned on a long-range basis instead of being directed simply to the relief of acute episodes. Increased under-

ULCERS OF THE STOMACH AND DUODENUM
AVERAGES OF ANNUAL DEATH RATES PER 100,000 WHITE PERSONS BY SEX AND AGE, AGES 25–74 YEARS
METROPOLITAN LIFE INSURANCE COMPANY, WEEKLY PREMIUM-PAYING BUSINESS, 1921 TO 1948

SITE AGE PERIOD (YEARS)	DEATH RATE PER 100,000						PERCENT CHANGE 1944–1948 SINCE			
	White Males			White Females			1934–1938		1921–1925	
	1944–1948	1934–1938	1921–1925	1944–1948	1934–1938	1921–1925	White Males	White Females	White Males	White Females
Ulcer of Stomach										
1–74*	5.4	7.1	5.3	0.8	1.2	1.9	−24	−33	+ 2	−58
25–34	1.2	4.0	4.1	0.4	0.7	1.4	−70	−43	−71	−71
35–44	6.0	12.0	10.9	0.8	1.4	2.5	−50	−43	−45	−68
45–54	16.6	21.5	14.4	1.5	3.0	4.5	−23	−50	+15	−67
55–64	27.0	29.2	15.4	3.4	4.8	6.6	− 8	−29	+75	−48
65–74	32.4	28.4	17.3	5.7	8.1	11.0	+14	−30	+87	−48
Ulcer of Duodenum										
1–74*	3.0	3.2	1.9	0.4	0.5	0.5	− 6	−20	+58	−20
25–34	0.9	1.9	1.9	0.1	0.3	0.5	−53	−67	−53	−80
35–44	4.3	5.6	4.5	0.6	0.8	1.0	−23	−25	− 4	−40
45–54	8.4	8.7	4.9	1.0	1.4	1.2	− 3	−29	+71	−17
55–64	15.1	13.0	4.4	1.9	1.5	1.8	+16	+27	+243	+ 6
65–74	17.2	12.0	5.8	3.5	2.5	1.4	+43	+40	+197	+150

*Age-adjusted death rates.

standing of the role which personal and emotional factors play in the development and the course of the disease is also reflected in its modern management. An increasing number of patients are instructed on how to avoid situations which may cause their condition to flare up.

The prognosis in ulcers of the stomach and duodenum, therefore, is much better now than it was in the past, and the length of life of persons suffering from them has risen. The increase in the mortality at the older ages as against the decrease at the younger ages may in part be a reflection of the increasing proportion of patients with the disease who survive into the more advanced ages.

Deaths From Accidental Electric Shock

THE consumption of electricity in our country has been increasing rapidly both in industry and in the home. The amount of current produced in 1947 was about three times what it had been only two decades earlier. Such an increase might well have been accompanied by a measurable rise in the death rate from electric shock (lightning excepted). Fortunately, that was not the case. The death rate from accidental electrocution in 1947 was about 7 per million of population, or at the level of the average rate for the preceding 15 years. Nevertheless, electricity each year accounts for approximately 900 deaths, many of which could be prevented.

A study of the claim records of 203 Metropolitan Industrial policyholders who died from electric shock in the years 1946-1948, gives instructive information on the circumstances surrounding such fatalities. Season, it was found, has a marked influence, nearly one half of the deaths occurring in the three summer months. The reasons for this seasonal incidence are not clear. Greater outdoor industrial activity and the fact that the body is frequently wet with perspiration in the warm months have been suggested as contributing factors.

Deaths from electricity are concentrated among adult males. Only 10 of the fatal injuries in this experience were among females (6 adults, 4 children); altogether, 21 of the victims were children under 15 years of age. As might be expected from the preponderance of deaths among men, the majority of fatalities were sustained in the course of employment. Nearly three quarters of the 203 deaths were occupational in nature. Electric linemen accounted for the largest number of deaths, 42 in all. Operatives and maintenance men in electric light and power plants and in other electric industries accounted for 19 more. Nearly as many deaths occurred among crane and hoist operators and helpers; most of these men were electrocuted when the crane boom or cable struck a high tension wire, and some while

repairing or testing the motor or other equipment.

Ten men were fatally injured when pipes or long metal objects they were carrying came in contact with live wires. Short-circuited portable electric drills caused nine deaths; 12 workmen died when they came in contact with other defective machinery charged with electricity. Four were killed when they struck high tension wires while riding on top of trucks or box cars. Other types of activity were responsible for the remainder of the deaths arising in the course of gainful employment.

Particular interest attaches to accidental electrocutions in the home, although they comprise only a small part of the total. In all, 34 out of the 203 deaths in this study occurred in or about the home. Eight of these were ascribed to defective extension cords, which are particularly hazardous in damp areas, such as yards and cellars. Contact with defective home appliances or their connecting cords was given as the cause of death in 16 cases. In most of these instances it was not clear whether the appliance or the cord was at fault. The appliances included electric heaters, vacuum cleaners, floor lamps and radios, as well as a clock, a fan, a light socket, and a radio shortwave machine.

The danger of handling electrical devices when the body is wet is shown by the death of six policyholders who were in the bath tub when killed. Two of them were children. One touched a light socket and the other pulled an electric fan into the water. Other deaths in the bath occurred when radio cords were touched, when an electric heater was turned off, and when a hot water faucet which was charged with electricity by a short circuit was opened.

Deaths from electricity in the home obviously arise out of a variety of circumstances, but most of these fatalities have one element in common—they result from low-voltage current. The fact that low voltages can kill needs to be given additional emphasis so that everyone will know that there is danger in using defective house wiring, connection cords, and appliances.

Outdoor sports accounted for 13 of the deaths from accidental electrocution. Five of the dead were boys and men flying kites or balloons which became entangled in high tension wires, bringing a fatal charge to the victim. An equal number came into fatal contact with power lines while playing on top of box cars or climbing light poles. Three died as the result of touching electric wires while swimming.

Wires knocked down by storms took several lives when policyholders stepped on the fallen lines or tried to remove them. One policyholder whose car had knocked down a light pole was killed when he attempted to push the car which a fallen wire had energized.

CRUDE DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
INDUSTRIAL PREMIUM-PAYING BUSINESS, *Weekly and Monthly Combined*
METROPOLITAN LIFE INSURANCE COMPANY

JUNE 1949

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	June 1949	June 1948	Year to Date: End of June		
			1949	1948	1947
ALL CAUSES—TOTAL	619.2	610.6	668.8	691.7	694.8
Typhoid fever	—	0.1	‡	0.1	0.2
Measles	.6	1.0	.7	.7	.3
Scarlet fever	.1	.2	.1	.1	.1
Whooping cough	.2	.2	.3	.4	.6
Diphtheria	.2	.2	.2	.3	.7
Influenza	1.0	.7	2.0	2.4	4.1
Pneumonia (all forms)	13.7	18.6	21.9	26.3	27.0
Tuberculosis (all forms)	23.3	26.0	25.6	28.4	32.3
Tuberculosis of respiratory system	20.9	24.0	23.4	25.8	29.1
Syphilis	6.0	5.4	6.0	6.8	7.3
Acute poliomyelitis	.1	.1	.2	.1	.3
Cancer (all forms)	106.7	108.1	114.4	112.6	109.7
Diabetes mellitus	24.6	21.2	25.9	25.0	24.3
Principal chronic cardiovascular-renal diseases	294.7	278.8	321.7	332.4	328.1
Cerebral hemorrhage	55.7	56.7	59.9	62.9	63.3
Diseases of the coronary arteries and angina pectoris	75.3	69.4	80.6	81.0	73.7
Other chronic heart diseases†	132.6	124.5	147.4	152.8	152.5
Chronic nephritis	31.1	28.2	33.8	35.7	38.6
Diarrhea and enteritis	1.9	2.2	2.6	2.9	3.6
Appendicitis	1.7	2.6	2.1	2.6	3.0
Puerperal state—total	2.2	1.9	2.2	2.4	3.2
Suicide	7.5	6.7	7.3	7.0	6.9
Homicide	1.8	3.0	2.9	3.4	3.3
Accidents—total	39.4	39.3	36.3	38.6	40.7
Home accidents	8.3	7.5	10.5	10.6	10.6
Occupational accidents	3.6	4.0	3.5	4.3	5.0
Motor vehicle accidents	12.2	13.7	12.3	12.6	14.1
All other causes of death	93.5	94.5	96.6	99.2	99.4

*The rates for 1949 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95. ‡Less than 0.05 per 100,000.

NOTE—The causes of death shown in the above table have been classified in accordance with the Manual of the International List of Causes of Death and Joint Causes of Death (1939).

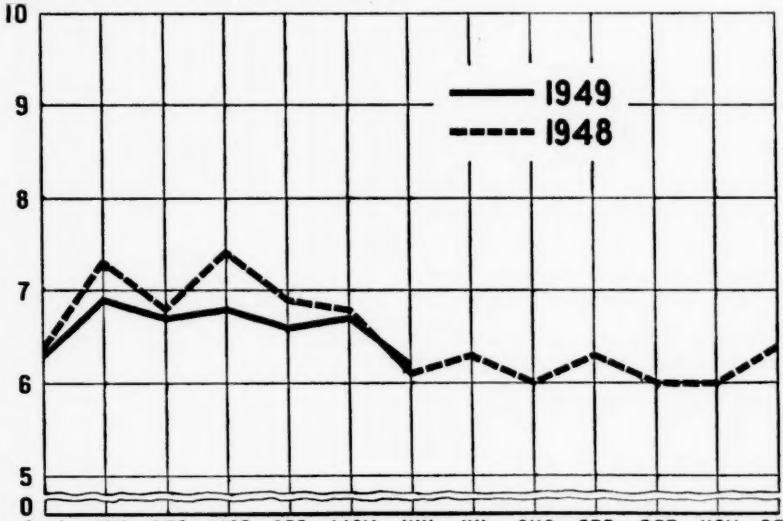
Correspondence on the subjects discussed in these BULLETINS may be addressed to:

The Editor,
STATISTICAL BULLETIN
Metropolitan Life Insurance Company
1 Madison Avenue, New York 10, N. Y.

MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY • INDUSTRIAL PREMIUM-PAYING BUSINESS
WEEKLY AND MONTHLY COMBINED

DEATH RATES PER 1,000 POLICYHOLDERS • ANNUAL BASIS



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1948	7.3	6.8	7.4	6.9	6.8	6.1	6.3	6.0	6.3	6.0	6.0	6.4
1949	6.9	6.7	6.8	6.6	6.7	6.2						

Figures are provisional for 1949

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